New Patient Registration Form

Welcome to Stanford Medical Centre. Please complete every section of this registration form. Once complete please return this form with a copy of **PHOTO ID** and **CURRENT PROOF OF ADDRESS**. Brighton University students should submit a copy of their **STUDENT ID CARD.**

To be checked by the surgery reception team:

ID ☐ Proof of Address ☐ NHS no. ☐ Contact Details ☐ Emergency Contact ☐ SCR ☐		Checked by:
Preston Road ☐ Islingword Road ☐ Cockcroft ☐	Date on system:	Registered ☐ Online ☐ Emailed ☐

All sections in this form marked with an * are compulsory, we will not be able to process your registration without this information. **If completing by hand then please complete this form in BLOCK CAPITALS**.

***Title:** eg: Mrs, Dr, Mx:			***Date Of Birth:**	D D / M M / Y Y Y Y	
***First Name:**			***Surname:**		
Pronouns: eg: She/Her, They/Their:			**Gender Identity:** eg: male, non-binary:		
***Sex Assigned at Birth:**	☐ Male	☐ Female	☐ Intersex	**Sexuality :**	
We ask for your assigned sex to help us screen for sex-specific diseases such as cervical/prostate cancer.					
***NHS Number:** Obtainable via your current GP					
***Ethnic Origin:**				☐ I do not wish to disclose.	
***Main Spoken Language:**					
***Do You Require An Interpreter:**	☐ Yes ☐ No		Unfortunately we are unable to book an interpreter for same day appointments.		
***Town And Country Of Birth:**					
***Brighton Address:**					
***Post Code:**					
***UK Mobile no:**			**UK Landline no:**		
***Email Address:**	Please print				

Online access details and a confirmation of registration will be sent to this email. **Not available for under 16s.**

Previous Medical Details:

***Your Previous Address In The UK:**	
***Name Of Previous GP/Practice:**	

If you are from outside England:

***The first address you were registered with a GP:**	
***Date you first came to the England:**	
***If previously a resident, date of leaving the UK:**	

***Emergency Contact Details:** Please provide a contact in the UK. Ideally Children should have two contacts.

Are you studying with the University of Brighton International College?	☐ Yes ☐ No	
***Title and Full Name:**		
***Relationship to you:**		
***UK Contact Number:**		
***Is this person your next of kin:**	☐ Yes ☐ No	☐ Yes ☐ No

Prescriptions: Please bring your repeat prescription slip with you to your first GP appointment.

Please provide the details of the pharmacy you wish your prescriptions to go to:		
Please tell us if you need your medication to be:	☐ Vegetarian	☐Vegan

***Carers:**

Do you have a registered carer? If yes, please provide name and contact information for the person who cares for you:	
Are you a registered carer? If yes, please provide name and contact information of the person you care for:	

Power of Attorney: If there is any power of attorney in place, please provide reception with the documents of proof.

***Health Questionnaire:**

***Height:**		***Weight:**		***Blood Pressure:**	
Do you currently smoke?	Yes	No	**If yes, how many do you smoke a day?**		
Have you ever smoked?	Yes	No	**If yes, when did you stop smoking?**		
Would you like to receive smoking cessation advice?	Yes	No	Please speak to our receptionists about our stop smoking service.		

***Medical History:**

***Are you currently suffering from any significant health conditions which require monitoring or medication?** If yes, you may need to come in for a 20 new patient appointment with the Practice Nurse. Please ask the reception team.	☐ Yes ☐ No Please Specify:

***Allergies:**

☐ None	☐ Egg Allergy	☐ Other (please specify):
☐ Peanut/Nut Allergy	☐ Animal Allergy	
☐ Food Allergy	☐ Penicillin Allergy	

Adaptations:

Are you visually impaired?	Yes	No	**If Yes, do you require large print documents?**	Yes	No
Do you have hearing difficulties?	Yes	No	This Practice Has A Hearing Loop		

Please talk to reception about any other measures we could take in order for you to help you with your requirements.

***Summary Care Records**

☐ YES – I consent to my GP creating a Summary Care Record for me and uploading it to the National Electronic Database: (this includes only limited information i.e. Current Medications & Allergies) ☐ YES – I consent to my GP creating a Summary Care Record **with additional information** for me and uploading it to the National Electronic Database: (this included Current medications, allergies and any active problems) **Signature:**
☐ NO – I do not consent for my GP creating a Summary Care Record for me and uploading it to the National Electronic Database. **Signature:**
What does it mean if you DO NOT have a Summary Care Record? NHS healthcare staff caring for you may not be aware of your current medications, allergies, or bad reactions to medicines you have had, in order to treat you safely in an emergency. Your records will stay being shared by letter, email, fax or phone. If you have any questions, or if you want to discuss your choices: Phone the Summary Care Record Information Line on 0300 123 3020, contact your local Patient Advice Liaison Service (PALS).01273 664511

***Consent** I declare to the best of my belief that the information I have provided is correct, and do consent for the appropriate use of this information by Practice Staff.
Consent to receive SMS notification for clinical services: ☐ Yes ☐ No
Consent to receive email notification for clinical services ☐ Yes ☐ No
(eg. Appointment reminders, cancellations, test results etc., not for any form of direct marketing)

Print Name:		☐ **I have authority to register the person above**.	
Signature:		**Date:**	

Incomplete forms will be returned to you. For any further information please talk to the reception team.